

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 27, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic procedure- range of motion and office visits from 06-23-04 through 07-12-04 **were found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202(c) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 06-23-04 through 07-12-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 3<sup>rd</sup> day of December 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

Enclosure: IRO decision

# **Envoy Medical Systems, LP**

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**Austin, Texas 78758**

**Fax 512/491-5145**

**IRO Certificate #4599**

## **NOTICE OF INDEPENDENT REVIEW DECISION**

November 15, 2004

**Re: IRO Case # M5-05-0347**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed in Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Reports 10/14/04, 6/9/04

4. Reviews 3/20/03, 9/9/04
5. D.C. reports 5/04 –8/04
6. D.C. daily patient records
7. MRI report right knee 5/27/04

#### History

The patient injured his right knee in \_\_\_\_ when he tripped and fell on the knee. He has had numerous medical evaluations, and has been treated with injections, medication, ACL reconstructive surgery and physical therapy. Chiropractic post operative rehabilitation is in dispute.

#### Requested Service(s)

Therapeutic procedure range of motion, office visit 6/23/04 – 7/12/04

#### Decision

I disagree with the carrier's decision to deny the requested services.

#### Rationale

Based on the records provided for this review, it appears that the patient's pre-operative and post-operative treatment prior to the treatment given by the treating D.C. on 1/13/04 was inappropriate. The 5/27/04 MRI was unremarkable, and therefore, the patient was a good candidate for a therapeutic rehabilitative exercise program. The treating D.C.'s documentation was very thorough and complete, with appropriate objective and subjective documentation to support the services in dispute.

I agree with the D.C.'s exercise program to strengthen musculature that was documented as being weak and atrophying. The patient indicated subjectively that his symptoms were improving. Range of motion and function were also improving objectively.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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Daniel Y. Chin, for GP